COUNTY OF SAN DIEGO DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES

CERTIFIED FARMERS' MARKET COMPLAINT REPORT FORM

Check box where applicable: Market Manager	Γoday's Date:	Ti	ime:	_ AM/PM	
Complainant's Information Complainant's Information Complainant's Name: E-mail Address: City: Complaint Information County and Location Name where complaint occurred: Name: Address: City: County and Location Name where complaint occurred: Name: Date and Time of occurrence: Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date: Date: Date:	Check box where a	pplicable:			
Complainant's Information Complainant's Information Complainant's Name: E-mail Address: City: Complaint Information County and Location Name where complaint occurred: Name: Address: City: County and Location Name where complaint occurred: Name: Date and Time of occurrence: Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date: Date: Date:	☐ Market Mana	iger	Consu	mer	
Complainant's Name: E-mail Address: City: State: Zip Code: Daytime Phone Number: Fax Number: Complaint Information County and Location Name where complaint occurred: Name: Address: City: County: State: Zip Code: Date and Time of occurrence: Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature:	_	-	Other		
Complainant's Name: E-mail Address: City: State: Zip Code: Daytime Phone Number: Fax Number: Complaint Information County and Location Name where complaint occurred: Name: Address: City: County: State: Zip Code: Date and Time of occurrence: Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date:		aucei			
E-mail Address: City:		Compl	ainant's Informatio	<u>n</u>	
E-mail Address: City:	Complainant's Name:				
City: State: Zip Code: Camplaint Information Complaint Information Complaint Information County and Location Name where complaint occurred: Name: Address: City: State: Zip Code: Date and Time of occurrence: Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date: Date:	E-mail Address:				
Complaint Information County and Location Name where complaint occurred: Name: Address: City: County: Cou	Aaaress:				
County and Location Name where complaint occurred: Name:	City:	State:	Zip Code: _		
County and Location Name where complaint occurred: Name:	Daytime Phone Numbe	er:	Fax N	Number:	
County and Location Name where complaint occurred: Name:		Compl	laint Information		
Name:		<u>comp</u>	amt imoi mation		
Address: City: County: State: Zip Code: Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date: Date:	•				
Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date:	Name:				
Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date:	Address:		~		~ .
Description of Complaint (please attach additional page(s) if necessary) Complainant's Signature: Date:	City:	County:	State:	Zip	Code:
	•				
	Complainant's Signatu			_Date:	
Date complaint received by Division:Received by:	Date complaint received				
Date complaint form mailed:Complaint File Number:					
Date assigned:Assigned Inspector:					
Date completed:Action Code:					
Complaint referred to: Date:	Complaint referred to			Data:	